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GOVERNOR



STATE OF HAWAII
DEPARTMENT OF ACCOUNTING
AND GENERAL SERVICES

P. O. BOX 119
HONOLULU, HAWAII 96810-0119

RUSSEL S. NAGATA
COMPTROLLER

JAMES H. YASUDA
DEPUTY COMPTROLLER

DEC 19 1989

COMPTROLLER'S MEMORANDUM NO. 1989-25

TO: Heads of Departments and Agencies
ATTN: Administrative and Fiscal Officers
FROM: Russel S. Nagata, Comptroller
SUBJECT: Employer's Share of Contribution Adjustment Sheet, SAFORM D-71

This is to inform departments and agencies that the Employer's Share of Contribution Adjustment Sheet, SAFORM D-71, will have expanded usage effective January 1, 1990, due to new Health Fund Plans. The revised form, however, will not be available for use until a later date. You will be notified as to when the revised form will become available.


Attached for your information is a sample copy of the revised form with the specific changes described below.

- ① Preprinted form number "PC".
- ② Preprinted form number "PC1B".
- ③ Added "988 Adult Dental", "987 Vision Care", and "986 Prescription Drugs". Changed "991 Dental" to "991 Children Dental" and changed "993 Insurance" to "993 Group Life Insurance". Deleted "996 Post Retirement".
- ④ Added "988", "987", and "986" to Batch Total section.
- ⑤ Changed date of form to: January 1, 1990 (Revised)

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Between January 1, 1990 and the date that the revised SAFORM D-71 is available, the current SAFORM D-71, Revised January 1, 1987, must be used. If adjustments need to be made to "988 Adult Dental", "987 Vision Care", or "986 Prescription Drugs", print legibly the account number and the account name in the appropriate block of the Accounts to be Adjusted section as shown on the attached revised form (see (3)) and print legibly the account number in the left-hand corner of the corresponding block in the Batch Total section as shown on the attached revised form (see (4)).

Should there be any questions concerning this memorandum, your staff may contact our Central Payroll staff.


RUSSEL S. NAGATA
Comptroller

Attachment

STATE OF HAWAII

FORM 1-4 PC

**PAYROLL
NUMBER
5-7**

EFF. DATE
8-13

DEPARTMENT

③

ADJUSTMENT IS FOR

EMPLOYEE NAME
DATE PAID

BATCH TOTALS

② PC1B

FORM
1-4

PAYROLL NO.
5-7

EFFECTIVE DATE
8-13

REMARKS:

I CERTIFY THAT THE ABOVE ADJUSTMENTS ARE
PROPER AND CORRECT

AUTHORIZED SIGNATURE

OFFICIAL TITLE

STATE ACCOUNTING FORM D-21

JANUARY 1, 1990 (REVISED)

STATE COMPTROLLER (CENTRAL PAYROLL)

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